

Annual Renewal Report for Purchasing Groups

Due February 1 of year following report year. File even if Purchasing Group has no business to report.

**Report is for the year
ending December 31**
(enter report year)

Name and address of Purchasing Group	Contact person name
	Contact person phone
	Purchasing Group Tax ID number

Report of Premiums-Complete this report for all insurance purchased by or on behalf of the group during this report year.
Attach additional sheet(s) if necessary.

Name and NAIC number of Insurance Company that issued insurance policy or contract	Net premiums for report year	Name and license number of each Surplus Lines Agent, Surplus Lines Agency or Risk Retention Group involved in this transaction	Tax is paid by:
	\$		<input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Direct placement by Purchasing Group
	\$		<input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Direct placement by Purchasing Group
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	\$		<input type="checkbox"/> Surplus Lines Agent <input type="checkbox"/> Insurance Company <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Direct placement by Purchasing Group

Identify all surplus lines agents not named above, who are associated with the purchasing group as employees, advisors, officers or other business relationship.

Enter complete name, license number and relationship. Attach additional list if necessary.

If the purchasing Group pays the surplus lines taxes, what is the total amount of tax paid to the Michigan Insurance Bureau for the report year?

\$

Select the correct statement: (choose only one)

- ☐ This Purchasing Group intends to continue operating in Michigan
 ☐ This Purchasing Group has ceased or intends to cease operations in Michigan on this date: _____

Officer Certification

I certify that the information in this report is complete and correct, and that all changes in registration not previously reported are attached to this report.

Signature of Officer of the Purchasing Group | Date signed

Officer Name and Title (please type or print)

Report all changes in registration
within 10 days of the change,
using form FIS 0363 Change in
Registration for Purchasing Groups.

Return Completed Report to:
Surplus Lines
Michigan Division of Insurance
611 W. Ottawa
P.O. Box 30220
Lansing, MI 48909

Insurance Bureau Use Only

Audit R

Audit G

Audit P

Our web address is: <http://cis.state.mi.us/ofis>
Our toll free phone number is 1-877-999-6442

PA 214 of 1989 the "Risk Retention Act" requires annual submission of this form.
Failure to complete and submit this form properly could result in a compliance
action or revocation of the Purchasing Group's Michigan registration.

